

IN THE UNITED STATES DISTRICT COURT

DISTRICT OF

Mass.Boston

04-40103

RGS

DIVISION

CLERK'S OFFICE

Joseph Marion Head Junior
Prison Number 1549-056
Fed. Med. Center Devens
P.O. Box 889
Ayer, Mass. 01432

(Enter above the full name of the Plaintiff
 or Plaintiffs in this action)

VS.

America and
North Carolina and
David L. Winn and
United States of America

(Enter above the full name of the Defendant
 or Defendants in this action)

18, 28, 42 U.S.C. As Applied
 And As May Be Applied
 Relating Hereto And Thereto
 All Prison, Medical, Phy. And
 Court Record Relating To
 Plaintiff, Prior, Present,
 Etc.

- A. Have you begun other actions in Federal Court dealing with the same facts involved in this Action? Yes ☒ No ☐ See Each Courts Court Records
- B. If your answer to A is yes, describe the action in the spaces below. (If there is more than one action, describe the additional actions on the reverse side of this page).

1. Parties to the action: See Each Courts Court Record

2. Court (Federal Court name the district): See Each Courts Court Records

3. Docket Number: See Each Courts Courts Records

4. Name of Judge to whom case was assigned: See Each Courts Court Records

C. 1. Did you present the facts relating to your complaint in the internal prison grievance procedure? Yes _____ No _____ See Prison Records

2. If your answer is Yes, what was the result? See Records

3. If your answer is No, explain. _____

D. 1. Did you present your claim to the Bureau of Prisons or other Federal agency for administrative action? Yes _____ No _____ See Records of Each of Same

2. If your answer is yes, state the date such claim was submitted and what action, if any has been taken. See Records of Each of Same

3. If your claim has been acted on, attach copies of any correspondence you have received from the Bureau of Prisons or other Federal agency concerning your claim. See Court and Prison Records

E. 1. Are you suing for a work related injury? Yes _____ No ✓

2. If your answer is Yes, state the nature of the duties you were performing when the injury occurred. _____

(In item I. Below, place our name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any).

I. Name of Plaintiff

Joseph Marion Hearns 117549-056
Address: N-4 Cell 423, F.M.C. Derens - P.O. Box 879 Ayer Mass 01432

(In item II. Below, place the full name of the defendant in the first blank, his / her official position in the second blank, and his / her place of employment in the third blank. Use the space below item II. for names, positions and places of employment of any additional defendants.)

II. Defendant As Related Herin is employed as _____

At _____

STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet(s), if necessary.)

Deprivation of Liberty Without Due Process
and an Equal Protection of Law, Constitution
and Human Rights, of the United States
and States thereof

FACTS

Each Prison, Medical, Phys. And Court
Records Relating To Plaintiff, Prior, Present
Etc. from December 2nd, 1946 forward
as applies.

IV. State what relief you seek from the Court. Make no legal arguments. Cite no cases or statutes.

One Million Dollars Tax Free Per Each Day Plaintiff is and was in custody and incarcerated, from December Second 1946 forward.

Signed this 29th day of May 200 4.

Joseph Marion Head Jr.
17549-056(N-4 cell 423)
Fed. Med. Center Doreus
P.O. Box 879
Ayer, Mass. 01432
(Signature of Plaintiff or Plaintiffs)

DECLARATION

Joseph Marion Head Jr. declare under penalty of perjury that I have read and subscribed to the above and state that the information contained therein is true and correct to the best of my knowledge.

Executed 29th at May 2004
Date Place

Joseph Marion Head Jr.
Signature of Plaintiff

The Court Will Have To Make
and Serve All Required Copies
of This Complaint. Plaintiff is
unable to Obtain Copies at
this time.

Signature of Attorney (If Any)

The Court is is refers
to this Courts Records
Relating To Plaintiff
as to his indigence
etc.

RESPONSE TO INMATE REQUEST TO STAFF MEMBER

Head, Joseph
Reg. No. 17549-056
N-1 Unit

*Complaint and appeal of inmate Head,
Appeals To U.S. Fed. D. Ct. District
Boston, Massachusetts*

2004 JUN -2 P 12:43

This is in response to your Inmate Request to Staff, directed to my attention and received in my office on March 1, 2004, wherein you request I file complaints on your behalf with the Inter-American Commission on Human Rights. Within your request, you provided me with 7 pages of forms to complete and submit on your behalf to the Commission, after I have obtained and read all your court and prison records.

As I am an Attorney for the Bureau of Prison, I do not provide legal assistance to inmates working on their legal matters. If you seek legal assistance in completing legal forms or when preparing your court filings or appeals, the BOP staff does not assist in that manner. You should contact the Court, your trial counsel, your appointed counsel, or the Clerk of Courts to assist you in contacting a Public Defender's Office.

I trust this answer is responsive to your request.

P. Ward
P. Ward, Attorney

3/1/04
Date

*Joseph Marion Head Junior 17549-056 (VS)
Fed. B. & P. and U.S.A. and Fed. Med. Center Doctors,
P. Ward, Attorney, 18 U.S.C. 1201 and
42 U.S.C. 1983, 1984, 1985, 1331, 1341,
1342, 1343, 28 U.S.C. 2201, 2202,
Rule 57 Fed. R. Civ. Proc., 18 U.S.C.
1201. One Billion Dollars Tax Free
and Lawful Court Release Demanded
For Joseph Marion Head Junior 17549-056
Himself, Pro Se. (Smith, 28, Bounds)*

[TABLE 3 (Cont'd)
HIGH CATEGORY

CODE	PROHIBITED ACTS	SANCTIONS
200	Escape from unescorted Community Programs and activities and Open Institutions (minimum) and from outside secure institutions-- <u>without</u> violence.	A. Recommend parole date rescission or retardation.
201	Fighting with another person	B. Forfeit earned statutory good time or non-vested good conduct time up to 50% or up to 60 days, whichever is less, and/or terminate or disallow extra good time (an extra good time or good conduct time sanction may not be suspended)
202	(Note to be used)	
203	Threatening <u>another</u> with bodily harm or any other offense	B.1 Disallow ordinarily between 25 and 50% (14-27 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended).
204	Extortion, blackmail, protection: Demanding or receiving money or anything of value in return for protection against others, to avoid bodily harm, or under threat of informing	
205	Engaging in sexual acts	
206	Making sexual proposals or threats to <u>another</u>	
207	Wearing a disguise or a mask	C. Disciplinary Transfer (recommmend).
208	Possession of any unauthorized locking device, or lock pick, or tampering with or blocking any lock device (includes keys), or destroying, altering, interfering with, improperly using, or damaging any security device, mechanism, or procedure	D. Disciplinary segregation (up to 30 days). E. Make monetary restitution.
209	Adulteration of any food or drink	F. Withhold statutory good time]
210	(Not to be used)	
211	Possessing any officer's or staff clothing	

another - What Or Who, Statute Or Code Unconstitutional, Dose Not Specify What.

Answer These Questions in Type Written Answers

INSTITUTION PROGRAMS

PSYCHOLOGY DEPARTMENT

all staff

Suicide Prevention: It is not uncommon for people to experience depression and hopelessness while in jail or prison, particularly if they are newly incarcerated, are serving a long sentence, are experiencing family problems, are problems getting along with other inmates, and/or receive bad news. Sometimes, inmates consider committing suicide due to all the pressure they are under. Staff are trained to monitor inmates for signs of suicidality, and are trained to refer all concerns to the Psychology Department. However, staff do not always see what inmates see. If you are personally experiencing any of the problems noted above, or you observe another inmate showing signs of depression (sadness, tearfulness, lack of enjoyment in usual activities), withdrawal (staying away from others, reducing phone calls and/or visits), or hopelessness (giving away possessions, stating that "there is nothing to live for"), PLEASE alert a staff member right away. Your input can save a life.

Drug Treatment Programs: The Psychology Department offers the Non-Residential Drug Treatment, 40 Hour Drug Education program and the Residential Drug Abuse Treatment Program (RDAP). These programs are supplemented with various ongoing self help programs (i.e., Narcotics Anonymous, Alcoholics Anonymous). Those inmates who fail to attend required drug education classes will be restricted to a Pay Grade 4 and are not eligible for placement in a Community Correction Center (Halfway House). The general goal of these programs is to provide the inmate with alternative ways to resolve problems.

Counseling: The Psychology Department offers self-development programs in both group and individual counseling. Group counseling gives you an opportunity to interact with others, to share concerns and to draw upon their experiences and suggestions in finding alternative ways to solve problems. Group and individual counseling utilize a variety of methods, depending on the problem under consideration. Counseling can help inmates gain greater self-awareness, more effectively manage symptoms of depression, anxiety, and other mental disorders, and develop more responsible decision making. Inmates interested in Self-Development Programs should see a member of their assigned Unit Team, or see a staff member in the Education Department, Psychology Department or Health Services Department for details and/ or appropriate referral.

EDUCATION & RECREATION DEPARTMENT

Education and Recreation operate under the philosophy that academic/vocational training and recreational programs can provide necessary skills and resources for self-improvement, academic and occupational training, preparation for future employment and positive health and life experiences.

All programs are voluntary except for General Equivalency Diploma (GED) and English as a Second Language (ESL). An inmate who does not have a verified high school diploma, or GED, will be required to attend classes for 240 hours, or until he successfully completes the GED. For an inmate who cannot function effectively in English, mandatory attendance in ESL will be required.

Failure to participate in required basic education classes may result in such adverse consequences as loss of Good Conduct Time and pay grade restrictions. Inmates should consult a representative from the Education Department prior to declining participation. A representative from the Education Department will meet with each inmate at his official team classification.

The Education Department provides a wide range of academic programs. Programs currently offered are:

Adult Continuing Education (ACE)
Literacy (grades 0-5)
PREGED (grades 6-9)
GED (grades 10-12)
English-As-A-Second Language (ESL)

Pay To Inmate
Head 17549-056

The Word, Others
Could Have
Been any
one, etc...

Relationships
for this
communit
ment?

Is this not done with change of head, rather than forcing make
to him by inspection? Reling demands one killing dollars for the

Is this not done to inmate then, just to see after killing the